

Granuloma Inguinale

(*Calymmatobacterium granulomatis*)

February 2003

1) THE DISEASE AND ITS EPIDEMIOLOGY

A. Etiologic Agent

Granuloma inguinale is caused by the gram negative pleomorphic bacillus *Calymmatobacterium granulomatis* (*Donovania granulomatis*).

B. Clinical Description and Laboratory Diagnosis

A chronic and progressively destructive but poorly communicable bacterial disease of the skin and mucus membranes of the external genitalia, inguinal and anal regions. An indurated nodule or papule becomes a slowly spreading, nontender, exuberant, granulomatous, ulcerative or cicatricial process. The lesions are characteristically nonfriable, beefy red granulomas that extend peripherally with characteristic rolled edges and eventually form fibrous tissue. Lesions more commonly occur in warm, moist surfaces such as the folds between scrotum and thighs or labia and vagina. The genitalia are involved in 90% of the cases, the inguinal region in 10%, the anal region in 5% - 10% and distant sites in 1% - 5%. If neglected, the process may result in extensive destruction of genital organs and spread by autoinoculation to other body parts.

Laboratory diagnosis is based on demonstration of intracytoplasmic rod-shaped organisms in smears of granulation tissue or by histological examination of biopsy specimens. Culture is difficult and unreliable.

C. Vectors and Reservoirs

Humans.

D. Modes of Transmission

Presumably by direct contact with lesions during sexual activity, but in various studies only 20% -65% of sexual partners had been infected.

E. Incubation Period

Unknown; a range of 1 to 360 days have been reported although a range of 1 to 16 weeks is most probable.

F. Period of Communicability or Infectious Period

Unknown; probably for the duration of open lesions on the skin or mucous membranes.

G. Epidemiology

Rarely seen in industrialized countries (rare in the United States, but cluster outbreaks occasionally occur). Endemic in tropical and subtropical areas of southern India, Western New Guinea, Australia, the Caribbean Islands, central, eastern and southern Africa and Southeast Asia. It is more frequently seen in males than females and among people of lower socioeconomic status. The highest incidence is in persons between 20 and 40 years of age. No cases of granuloma inguinale were reported to NJDHSS in the last 5 years.

2) REPORTING CRITERIA AND LABORATORY TESTING SERVICES

A. New Jersey Department of Health and Senior Services (NJDHSS) Case Definition

CASE CLASSIFICATION

A. CONFIRMED

A clinically compatible case, **AND**

- Demonstration of intracytoplasmic Donovan bodies in Wright or Giemsa-stained smears or biopsies of granulation tissue.

B. PROBABLE

Not used.

C. POSSIBLE

Not used.

B. Laboratory Testing Services Available

Laboratory testing for Donovan bodies is not available on site at the Public Health and Environmental Laboratories (PHEL). At present, the PHEL will forward specimens to the CDC for testing. For additional information on submitting samples, contact the PHEL at 609.292.7368.

3) DISEASE REPORTING AND CASE INVESTIGATION

A. Purpose of Surveillance and Reporting

- To identify the prevalence of granuloma inguinale in New Jersey.
- To identify where granuloma inguinale occurs in New Jersey.
- To recognize areas in New Jersey where granuloma inguinale incidence has increased or decreased.
- To focus preventive education.

B. Laboratory and Healthcare Provider Reporting Requirements

The New Jersey Administrative Code (N.J.A.C. 8:57-1.8) stipulates that laboratories and health care providers report all cases of granuloma inguinale **to the NJDHSS Sexually Transmitted Diseases Program** by telephone 609.588.7526, confidential fax 609.588.7462 or in writing using the STD-11 form. The STD-11 form can be obtained from the Sexually Transmitted Diseases Program (at phone 609.588.7526).

C. Health Officer's Reporting and Follow-up Responsibilities

1. Reporting Requirements

The New Jersey Administrative Code (N.J.A.C. 8:57-1.6) stipulates that cases of granuloma inguinale, as defined by the criteria in Section 2A, be reported directly to the Department of Health and Senior Services using a STD-11 form. Forms may be mailed or faxed 609.588.7462 to the STD Program. A local health officer who is notified of the existence of a case of granuloma inguinale shall forward the case report to the NJDHSS Sexually Transmitted Disease Program.

The mailing address is:

NJDHSS
Division of Epidemiology, Environmental and Occupational Health
Sexually Transmitted Diseases Program
P.O.Box 369

Trenton, NJ 08625-0369

2. Case Investigation

Institution of disease control measures is an integral part of case investigation. It is the local health officer's responsibility to understand, and, if necessary, institute the control guidelines listed below in Section 4, "Controlling Further Spread."

4) CONTROLLING FURTHER SPREAD

A. Isolation and Quarantine Requirements

Minimum Period of Isolation of Patient

Patients should refrain from close personal contact until lesions are healed.

Minimum Period of Quarantine of Contacts

No restrictions.

B. Protection of Contacts of a Case

Examine and treat all sexual partners who have come in contact with lesions. Asymptomatic sexual contacts should receive prophylactic treatment.

C. Managing Special Situations

None.

D. Preventive Measures

Personal Preventive Measures/Education

In general, the following preventive measures are applicable to all sexually transmitted diseases (STD):

- The patient should be strongly advised to avoid sexual contact while symptoms (lesions) are present as they are infectious.
- The patient should be strongly encouraged to ensure that their recent sexual partners be tested and treated.
- The patient should be strongly advised to avoid prostitutes, wear condoms and avoid having multiple sexual partners.

ADDITIONAL INFORMATION

There is currently no formal CDC surveillance definition for granuloma inguinale. CDC case definitions are used by state departments of health and CDC to maintain uniform standards for national reporting. For reporting a case to the NJDHSS always refer to the criteria in Section 2A of this chapter.

REFERENCES

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Holmes, K., Sparling, P., et al, Sexually Transmitted Diseases, 3rd Edition, New York, NY, McGraw-Hill, 1999.

Mandel, G., Bennett, J., Dolin, R., Principles and Practices of Infectious Diseases, Churchill Livingstone, 2000.